



www.gallatin.mt.gov/health

Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall, Rm 108
Bozeman, MT 59715-3478
406-582-3120 • Fax: 406-582-3128

Public Accommodation Vacation Rentals / Tourist Homes Plan Review Guidelines

MCA 50-51-102 Definitions. (11) "Tourist home" means a private home or condominium that is not occupied by an owner or manager and that is rented, leased, or furnished in its entirety to transient guests on a daily or weekly basis.

MCA 50-51-201 License required. (1) Except as provided in subsection (2), a person engaged in the business of conducting or operating an establishment shall annually procure a license issued by the department (MDPHHS).

The following must be submitted to Gallatin City-County Health Department (GCCHD) to begin the licensing process. We will be happy to answer any questions you may have.

- 1) Plan review application.
- 2) Blueprints or other schematic of facility showing all areas.
- 3) Written cleaning and sanitizing plan. This should include how laundry is done. If laundry is done at an offsite location or outside service, please submit written verification of service.
- 4) Water*
 - Private well
 - A private well must have a current water sample test result from a Certified Lab. Water tests must be completed and be within acceptable ranges for coliform bacteria (every 6 months) and Nitrates (annually). Please submit copies of current water tests with application.
 - Public water
 - If the facility is serviced by a public water system, please provide copies of water bills or subdivision information including public water system number.
- 5) Wastewater*
 - Individual septic system
 - Provide local septic permit number.
 - Public Wastewater Treatment System
 - If the facility is serviced by a public wastewater system, provide copies of sewer bills or subdivision information including EQ number.

*Water and wastewater treatment will be reviewed for compliance with current regulations.

- 6) Fee (see fee schedule).
- 7) Hot Tub / Spa's: Currently the Montana Department of Health and Human Services has not indicated whether a Hot Tub / Spa must be licensed under ARM 37.111.11. If a spa exists alterations may be required to allow guests to use. Include in the application packet if a spa exists.
- Existing - Provide specifications
 - New - Contact GCCHD prior to purchase for proper procedure.

Other Agencies that need to be contacted and documentation provided for licensure:

1. A fire inspection must be completed. GCCHD prefers that an inspection be completed and any corrections made prior to licensure. Contact GCCHD if this cannot be accomplished.

For Gallatin County contact:

State Fire Marshal's Office

Pat Clinch, Deputy State Fire Marshal

Fire Prevention & Investigation Section, Division of Criminal Investigation

P.O. Box 201415, Helena, MT 59620-1415

Phone: (406) 444-1919, E-mail: pclinch@mt.gov

(If you operate in other locations you can access the Fire Marshal Website at <http://www.doj.mt.gov/enforcement/fireprevention/> to determine the appropriate contact.)

2. A building permit may be required for your project. Please contact the appropriate department for your location. A certificate of occupancy or building approval will be required by the GCCHD before a license will be approved.

City Building Departments

Bozeman - 582-2375

Belgrade - 388-4994

Three Forks - 285-3431

West Yellowstone - 646-7609

All other areas (Manhattan, Four Corners, Big Sky, Logan and all rural areas)
State Department of Commerce, Building Codes Bureau, (406) 841-2009.

*Jurisdiction may extend beyond city limits. Please make sure you obtain approval from the appropriate agency.

GCCHD will review applications on a "first come" basis. Upon plan review approval a licensing inspection can then be scheduled.

Public Accommodation
Vacation Rental / Tourist Home
Plan Review Application

Establishment Name _____

Location _____

City _____ Establishment Phone # _____

Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Applicant's Name _____

Contact Phone # _____ E-Mail Address _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Building _____ Fire

I attest that the information submitted is true and correct.

I understand the following:

- Any deviation from the approved plans must be reviewed and approved by GCCHD.
- This plan review application is for obtaining a Public Accommodation license from MDPHHS.
- I am responsible for being in compliance with all applicable laws and regulations.

Signature(s) _____ Date: _____
owner(s) or responsible representative(s)

HEALTH CODE
CHAPTER 1
ADOPTED BY BOARD OF HEALTH
FEE SCHEDULE
08/27/2009

Base Rate for Services: **\$60.00** per hour

Miscellaneous Plan Reviews: (Reviews based on 3.0 hr.)

Motel/Hotel with food service facilities including continental breakfast:

\$180.00 + Food service plan review fee
based on facility size (see Health Code
Chapter 2 fee schedule)

Miscellaneous Plan Reviews: (Reviews based on 2.0 hr.)

Motel/Hotel with no food service, Bed & Breakfast, Tourist Home, Rooming/Boarding House:

\$120.00 + base rate for each additional
hour

Miscellaneous Establishments (i.e. Day Cares, Trailer Courts, etc.):

\$120.00 + base rate for each additional
hour

Site Visit: (based on 2.0 hr./visit)

\$120.00 + base rate for each
additional hour

Special or Miscellaneous Inspection: (i.e. ownership change, review of manufacturing process,
special consultation, group home)

(based on 2.0 hr./visit)

\$120.00 + base rate for each
additional hour

Filing Fees from Clerk and Records Office passed to client or applicant
(Current fee schedule available from C&R Office)